

DUPLICATING REQUEST				REQUISITION NO.			
ADMINISTRATION				DATE OF REQUISITION		DUE DATE	
REQUISITIONED BY (NAME)			ROUTING SYMBOL	BUILDING	ROOM NO.	TELEPHONE	
DUPLICATING INSTRUCTIONS				NO. OF PAGES		QUANTITY	
PAPER	Text	KIND	COLOR		SIZE <input type="checkbox"/> 8½ X 11 <input type="checkbox"/>		
	Cover				COST		
PRINT-(INK BLACK)	<input type="checkbox"/> One side only <input type="checkbox"/> Head to head <input type="checkbox"/> Head to foot <input type="checkbox"/> Head to left						
GATHER	<input type="checkbox"/> As paged <input type="checkbox"/> Other (Specify)						
STITCH	NO. OF STAPLES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Side <input type="checkbox"/> Upper left <input type="checkbox"/> Top						
DRILL	DIAMETER		NO. OF HOLES <input type="checkbox"/> 2 <input type="checkbox"/> 3		INCHES Ctr. to Ctr.		POSITION <input type="checkbox"/> Left <input type="checkbox"/> Top
DISPOSITION	<input type="checkbox"/> Pickup <input type="checkbox"/> Mail messenger						
SPECIAL INSTRUCTIONS				SIGNATURE (Approving Officer)		Date	

Received by \_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_

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